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ACTIVITY EVALUATION FORM FOR CALIFORNIA MCLE

Please complete and return to Provider

Please Print

Provider Name _____

Provider Phone # _____

Provider Address _____

Title of Activity _____

Date of Offering _____ Site _____

Name of Participant _____
 (optional) First Last

Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by circling the number reflecting your opinion.

To what extent were your personal objectives satisfied?
 Comments: _____ 5 4 3 2 1

To what extent did the environment contribute to the learning experience?
 Comments: _____ 5 4 3 2 1

To what extent did the written materials contribute to the learning experience?
 Comments: _____ 5 4 3 2 1

To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied?
 Comments: _____ 5 4 3 2 1

To what extent did the activity contain significant current intellectual or practical content?
 Comments: _____ 5 4 3 2 1

Please rate the faculty on the same scale.

	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Intellectual or Practical Content
Instructor's Name: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Subject/Topic: _____			
Comments: _____			
Instructor's Name: _____	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
Subject/Topic: _____			
Comments: _____			

Provider No. : 13317